

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	3					
15	3					
16	1					
17	4					
18	4					
19	4					
20	1					
21	1					
22	1					
23	3					
24	1					
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
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36						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	8					
TOTAL CLAIMS	59					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						